

# Fax Application for an Expedited Wisconsin Birth Certificate

**Vital Statistics, 841 North Broadway, Rm. 115, Milwaukee, WI 53202 Phone: 414-286-3516 Fax: 414-286-2036**

Personally identifying information requested on this form, including credit card information, will be used to process your application and payment for the requested copies. Failure to supply this information may result in denial of your request for copies.

**PENALTIES:** Any person who willfully and knowingly makes a false application for a birth certificate is guilty of a Class I felony [a fine of not more than \$10,000 or imprisonment of not more than three years and six months, or both, per s. 69.24(1), Wis. Stats.]

**INSTRUCTIONS:** Please complete this form and fax to (414) 286-2036.

***THIS FAX APPLICATION WILL BE CHARGED AN EXPEDITED SERVICE FEE.***

## SECTION I – SHIP TO INFORMATION (Print or Type.) You must complete this section for application to be processed.

1. FULL NAME (First, Middle, Last)		2. DAYTIME TELEPHONE NUMBER	
3. STREET ADDRESS or P.O. BOX (You must provide a street address if you are requesting shipping by UPS.)		APT. NUMBER	4. E-MAIL ADDRESS
5. CITY, VILLAGE, or TOWNSHIP		6. STATE	7. ZIP CODE

## SECTION II – APPLICANT'S RELATIONSHIP TO THE PERSON NAMED ON THE BIRTH CERTIFICATE. (Check one.)

RELATIONSHIP TO PERSON NAMED ON THE CERTIFICATE

- ☐ This is my birth certificate.
- ☐ I am the legal custodian or guardian of the person named on the birth certificate. (Only those listed below qualify as immediate family.)  
☐ Spouse   ☐ Child   ☐ Parent (whose parental rights have NOT been terminated)   ☐ Brother / Sister   ☐ Grandparent
- ☐ I am a representative authorized, in writing, by the person indicated by any of the above checkboxes.  
 (The written authorization must accompany this application.)  
 Specify the person you represent: \_\_\_\_\_
- ☐ I can demonstrate that the information from the birth certificate is necessary for the determination or protection of a personal or property right for myself / my client / my agency.  
 Specify interest: \_\_\_\_\_
- ☐ None of the above. I am requesting an uncertified copy of the birth certificate. (Copy will not be valid for identification purposes.)

Note: Any person who willfully and knowingly makes a false application for a birth certificate is guilty of a Class I felony (a fine of not more than \$10,000 or imprisonment of not more than three years and six months, or both, per s. 69.24(1), Wis. Stats.)

## SECTION III – BIRTH CERTIFICATE INFORMATION

BIRTH INFORMATION	BIRTH NAME (First, Middle, Last Name as it appears on the birth certificate)		SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
	DATE OF BIRTH (Month / Day / Year)	PLACE OF BIRTH (City, Village, or Township)	PLACE OF BIRTH (County)
	MOTHER'S (MAIDEN) LAST NAME as it appears on the birth certificate	Mother's First Name	Mother's Middle Name
	FATHER'S LAST NAME as it appears on the birth certificate	Father's First Name	Father's Middle Name

continued on next page

**SECTION IV – FEES** FEES ARE NOT REFUNDABLE IF NO RECORD IS FOUND. CANCELLATIONS ARE NOT ACCEPTED.  
Mandatory fees are already filled in. Please fill in additional fees for extra copies or UPS delivery, if applicable.

<b>1. Search Fee</b> (includes one copy of the birth certificate, if found. Fee is set by State.)	\$20.00	\$20.00
<b>2. Additional Copies of the Certificate</b> (issued at the same time as the first) Number of copies_____	x 3.00	_____
<b>3. Credit Card Expedited Service Fee</b> (Fee is set by State).....	20.00	20.00
<b>4. Shipping</b> <input type="checkbox"/> Saturday Delivery (Fee added to UPS delivery fee).....	12.50	12.50
<input type="checkbox"/> International shipping (variable) .....	_____	_____
<input type="checkbox"/> UPS Delivery in the continental USA.....	15.00	_____
	<b>TOTAL</b>	_____

**SECTION V – CREDIT CARD INFORMATION** We accept only VISA or MasterCard.

Name on Credit Card _____ Street Address _____ Credit Card Number _____ Validation Code: _____ (short # on the back side of your credit card) Signature of Credit Card Holder _____	Expiration Date: _____
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I hereby attest that the information provided on this application is correct to the best of my knowledge and belief, and that I am entitled to copies of the requested birth certificate in accordance with the categories listed above.

Signature – Applicant (Person Completing Application)	Date Signed:
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FOR OFFICE USE ONLY:

Certificate No. \_\_\_\_\_ File Date \_\_\_\_\_

Mother's Res. Co. \_\_\_\_\_